



HEALTH PROFILE: RUSSIA

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	860,000 (low-high estimates 420,000–1,400,000)
Total Population (2004)	142,397,000
Adult HIV Prevalence (end 2003)	1.1%
HIV-1 Seroprevalence in Urban Areas Population most at risk (sex workers and their clients, patients seeking treatment for sexually transmitted infections, or other persons with known risk factors) Population least at risk (pregnant women, blood donors, or other persons with no known risk factors)	2.3% NA

Sources: UNAIDS, U.S. Census Bureau

Russia reported relatively low levels of HIV/AIDS until the early 1990s, when the infection began to spread rapidly. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates, with a high degree of uncertainty, that at the end of 2003, some 860,000 people were living with HIV/AIDS. That figure could be as high as 1.4 million people. As in other countries in the region, in Russia the growing epidemic is driven largely by injecting drug use. According to UNAIDS, Russia may have as many as three million injecting drug users; in some cities, HIV prevalence among injecting drug users may be as high as 65%. Other vulnerable populations include commercial sex workers (with prevalence of 5 to 15%, and as high as 48% among sex workers who use injecting drugs), men who have sex with men, and prisoners.

The epidemic primarily affects young people. More than 80% of cases in injecting drug users are in persons under age 30 who acquire the infection through sharing unclean equipment. Additionally, the number of infections among females has grown quickly in recent years; in 2003, women accounted for 33% of newly diagnosed HIV infections, up from 24% in 2001. During the first nine months of 2004, 9,651 children were born to HIV-positive mothers, compared to 2,777 in 2002. Between 15 and 20% of those children are HIV-positive, and 10% of them require immediate medical treatment after birth. Up to 20 to 25% of HIV-affected and infected children are abandoned to governmental care. This rapid growth in female infections suggests that sexual transmission is increasing, particularly among sexual partners of injecting drug users, but also in the general population. As HIV/AIDS spreads beyond high-risk populations, increased mother-to-child transmission and increased prevalence among blood donors and those attending sexually transmitted infection clinics are of growing concern.

HIV/AIDS has been reported in virtually every part of the country, but its prevalence is uneven. Only ten of Russia's 89 administrative divisions (republics, etc.) account for 60% of reported infections. Reported infections, however, tell only part of the story, since they reflect only the situation among individuals and populations that come in contact with HIV/AIDS testing programs. There may be large numbers of individuals who either lack access to HIV testing or avoid it for fear of being identified as a member of a subpopulation stigmatized and marginalized by society such as injecting drug users and men who have sex with men. In a system that combines passive case reporting with stigma toward HIV-positive people and

January 2005



Currently, USAID programs in maternal and child health, tuberculosis control, and orphan support include HIV/AIDS prevention and/or treatment components.

prescription drugs, and improved public information. Nonetheless, a lack of resources hampered the law's effectiveness. More recently, Russia has shown greater readiness to confront the HIV/AIDS crisis, recognizing both the need for prevention and the potential role that nongovernmental organizations can play. Russia's HIV/AIDS Program for 2002–2006 identifies the following priority areas: outreach education, surveillance, blood safety, diagnosis and treatment, human resource development, social protection, research, and improvements in the technical quality of AIDS centers. Although HIV/AIDS is still viewed primarily as a public health issue, other sectors and government departments are increasingly involved.

USAID SUPPORT

USAID has provided HIV/AIDS support to Russia at a steadily increasing pace since 1995. USAID, the U.S. Centers for Disease Control and Prevention, and Population Services International collaborated with the Ministry of Health in the late 1990s to develop a multiyear prevention strategy to control the spread of HIV and other sexually transmitted infections. The program focuses on improving service delivery to vulnerable populations, informing the national policy dialogue, improving information dissemination, and increasing the organizational capacity of Russian nongovernmental organizations to address HIV/AIDS activities. Specific activities include social marketing of condoms, behavior change communication campaigns, outreach to high-risk populations, behavioral surveillance, improvements in communication and counseling skills of providers, prevention of mother-to-child transmission, and stigma reduction. USAID HIV/AIDS support in FY 2003 amounted to \$6.7 million, nearly double the \$3.6 million provided in FY 2002. In FY 2004, USAID support amounted to 9.5 million. In FY 2005, USAID funding is expected to surpass \$11 million.

In 2004, USAID expanded its HIV/AIDS prevention program to a full-spectrum approach that includes care and treatment. USAID also moved to integrate HIV/AIDS activities into its other health programs in order to create a more comprehensive reach. Currently, USAID programs in maternal and child health, tuberculosis control, and orphan support include HIV/AIDS prevention and/or treatment components.

In collaboration with the Ministry of Health, USAID supports pilot partnerships between U.S. health facilities and HIV/AIDS centers in four areas of the country: Orenburg, St. Petersburg, Samara, and Saratov. The goal of these partnerships is to provide a model for a comprehensive, coordinated system of care that can be replicated and scaled up. Specific activities focus not only on strengthening the health facility but also on involving local social service providers, nongovernmental organizations, the communities, and patients themselves.

vulnerable populations, these people will not be included among reported infections or estimated prevalence levels.

NATIONAL RESPONSE

Although Russia began to develop a national HIV/AIDS program in the early 1990s with collaboration from federal, territorial, and regional HIV/AIDS centers, no federal funds were allocated to the program until 1998. A federal law was adopted in 1995 making discrimination against those infected with HIV illegal and creating a legal requirement for confidential testing, pretest and posttest counseling, free medical care and

An important new effort is addressing the particular needs of HIV-infected and affected children. The focus is on abandonment prevention, the creation of a comprehensive model of medical and psychological care of HIV-affected children, and promotion of their right to live full and rewarding lives.

Finally, USAID supports activities to create an improved policy environment for addressing HIV/AIDS through better policies and regulations, greater involvement of the private sector, and decreasing stigma and discrimination. Advocacy is aimed at mobilizing and empowering a coalition of Russian business and labor organizations, developing partnerships to convert policies and strategic federal objectives into improved practices at the local level, and mobilizing local policymakers and nongovernmental organizations to defend and promote the rights of those affected by HIV/AIDS.

IMPORTANT LINKS AND CONTACTS

USAID/Russia, American Embassy/Moscow, Novinsky Boulevard 19/23, 121099, Moscow, Russia

Tel: 7-095-728-5099, Fax: 7-095-960-2141/2142

E-mail: russia_info@usaid.gov

<http://www.usaid.ru/>

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project

For more information, see http://www.usaid.gov/our_work/global_health/aids